TRANSMITTAL FORM Filling Date O3-28-2001 First Named Inventor Shawn P. McAllister et al. Art Unit Cathering Date O3-28-2001 First Named Inventor Shawn P. McAllister et al. Art Unit Cathering Date O3-28-2001 First Named Inventor Shawn P. McAllister et al. Art Unit Cathering Date Examiner Name Han, Clemence S Attorney Docket Number Total Number of Pages in This Submission ENCLOSURES (Check all that apply)	Approved for use through 03/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE The Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
FORM First Named Inventor Shawn P. McAllister et al. Art Unit 2816 Examiner Name Han, Clemence S Attorney Docket Number 1400.4100285 Total Number of Pages in This Submission 16 Attorney Docket Number 1400.4100285 Fee Transmittal Form	Unger the Paperwork Reduction Act of 1995, no persons		Application Number	1	_		
Art Unit Art Unit 2616	TRANSMITTAL		Filing Date	03-28-200	03-28-2001		
Examiner Name Han, Clemence S Total Number of Pages in This Submission 16 Attorney Docket Number 1400.4100285 Fee Transmittal Form	L.607/		First Named Inventor	Shawn P.	Shawn P. McAllister et al.		
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Fee Transmittal Form Fee Transmittal Form			Attorney Docket Number	1400.4100285			
Fee Transmittal Form Fee Attached	ENCLOSURES (Check all that apply)						
Amendment/Reply After Final After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Ross D. Snyder & Associates, Inc. Signature Petition to Convert to a Provisional Application Power of Attomey, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard Return Receipt Postcard	Fee Transmittal Form						
Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Ross D. Snyder & Associates, Inc. Signature Printed name	After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	P P C T	Petition to Convert to a Provisional Application Provisional Application Provisional Application Provisional Provi	Address	(Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):		
Firm Name Ross D. Snyder & Associates, Inc. Signature Printed name	Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts	Remark	(S				
Ross D. Snyder & Associates, Inc. Signature Printed name	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Printed name							
Printed name Ross D. Snyder	Signature						
	Printed name Ross D. Snyder						
Date 01-12-2009 Reg. No. 37,730	Date 01-12-2009	01-12-2009 Reg. No. 37,730					

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/821,708 Application Number **TRANSMITTA** Filing Date 03-28-2001 For FY 2008 First Named Inventor Shawn P. McAllister et al. **Examiner Name** Han, Clemence S. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2616 TOTAL AMOUNT OF PAYMENT 1,110.00 1400.4100285 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-1566 Deposit Account Name: Ross D. Snyder & Assoc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✔ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 100 130 65 105 50 Plant 210 105 310 155 160 80 310 Reissue 155 510 620 255 310 210 0 0 Provisional 105 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) **Fee Description** 50 25 Each claim over 20 (including Reissues) 210 105 Each independent claim over 3 (including Reissues) 185 370 Multiple dependent claims **Total Claims** Multiple Dependent Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets Fee (\$) _ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension Fee 1,110.00

SUBMITTED BY			
Signature	food broke	Registration No. (Attorney/Agent) 37,730	Telephone 512-347-9223
Name (Print/Typ	e) Ross D. Snyder		Date 01-12-2009

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